



# City of Milwaukee Property Recording Program

## SELLER NOTIFICATION

**Attention: Form must be filled out completely or it will be returned!**

### SECTION 1: OWNERSHIP STATUS

PLEASE TYPE OR PRINT IN INK!

Date of ownership transfer: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

Will owner occupy premises? ( ) Yes ( ) No

Is this a land contract sale? ( ) Yes ( ) No

### SECTION 2: PROPERTY DESCRIPTION

\_\_\_\_\_( )  
Taxkey Number \_\_\_\_\_ Address \_\_\_\_\_ # Residential Units \_\_\_\_\_

### SECTION 3: NEW OWNER

(Check One) \_\_\_ Person(s) \_\_\_ Corporation \_\_\_ Limited Liability Co. \_\_\_ Limited Liability Partnership \_\_\_ Limited Partnership \_\_\_ Trust/Estate

Ownership Type: ( ) Titleholder ( ) Land Contract Purchaser ( ) Other - list \_\_\_\_\_

New Owner : \_\_\_\_\_  
Last Name, Corporation Name, LLC Name, LLP Name, LP Name, or Name of Trust/Estate

\_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check one: ( ) Home Address ( ) Business Address

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SECTION 4: FORMER OWNER

(Check One) \_\_\_ Person(s) \_\_\_ Corporation \_\_\_ Limited Liability Co. \_\_\_ Limited Liability Partnership \_\_\_ Limited Partnership \_\_\_ Trust/Estate

Ownership Type: ( ) Titleholder ( ) Land Contract Seller ( ) Other - list \_\_\_\_\_

Former Owner : \_\_\_\_\_  
Last Name, Corporation Name, LLC Name, LLP Name, LP Name, or Name of Trust/Estate

\_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check one: ( ) Home Address ( ) Business Address

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1) Wisconsin Statutes. Only one owner is required to sign the seller notification.

Former Owner's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have any questions or need assistance in completing this form, call the Department of Neighborhood Services at (414) 286-8569.

Mail form to: Dept. of Neighborhood Services,  
Property Recording Program  
841 N. Broadway Room 105  
Milwaukee, WI 53202-3613